Case 18-12956-amc Doc 134 Filed 10/16/19 Entered 10/16/19 21:20:56 Desc Main Document Page 1 of 2

| Fill in this information to identify your case: | | | | | | | | |
|--|------------|-------------|-------------|--|--|--|--|--|
| Debtor 1 | Raymond | E. | Fisher, Jr. | | | | | |
| | First Name | Middle Name | Last Name | | | | | |
| Debtor 2 | Anne | M. | Fisher | | | | | |
| (Spouse, if filing) | First Name | Middle Name | Last Name | | | | | |
| United States Bankruptcy Court for the: Eastern District of Pennsylvania Case number (If known) 18 - 12956 AMC | | | | | | | | |

Second Amended

Official Form 106I

Check if this is:

☑ An amended filing

A supplement showing postpetition chapter 13 income as of the following date:

MM / DD / YYYY

Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Employment

| 1. | Fill in your employment information. | | Debtor 1 | | | Debtor 2 or non-fi | ling spouse |
|----|--|--------------------------------|--------------------------|-------|---------------------------------------|---------------------------|---------------------|
| | If you have more than one job, attach a separate page with information about additional employers. | Employment status | ☐ Employed ☐ Not employe | ed | | ☐ Employed ☐ Not employed | |
| | Include part-time, seasonal, or self-employed work. | | unemployed | | | disabled | |
| | Occupation may include student or homemaker, if it applies. | Occupation | unompioyou | | | disabled | |
| | | Employer's name | | | · · · · · · · · · · · · · · · · · · · | | |
| | | Employer's address | Number Street | | | Number Street | |
| | | | | | | | |
| | | | | | | | |
| | | | City | Sta | te ZIP Code | City | State ZIP Code |
| | | How long employed there | ? | | | | |
| į. | art 2: Give Details About | Monthly Income | | | | | |
| | Estimate monthly income as of | the date you file this form. | If you have nothin | ng to | report for any line, writ | e \$0 in the space. Inclu | ude your non-filing |
| | spouse unless you are separated. If you or your non-filing spouse ha | ave more than one employer, | | rmati | on for all employers for | that person on the line | es |
| | below. If you need more space, at | ttach a separate sheet to this | form. | | For Debtor 1 | For Debtor 2 or | |
| | | | | | For Deptor 1 | non-filing spouse | |
| 2 | List monthly gross wages, saladeductions). If not paid monthly, | | | 2. | \$ | \$ | |
| 3 | . Estimate and list monthly over | time pay. | | 3. | +\$ | + \$ | |
| 4 | . Calculate gross income. Add lii | ne 2 + line 3. | | 4. | \$ | \$ | |

Official Form 106l Schedule I: Your Income page 1

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Debtor 1

Raymond First Name

E.

Fisher, Jr. Last Name

Case number (if known) 18 - 12956 AMC

| | | | For | Debtor 1 | | | tor 2 or | | | |
|---------------|--|-------------|-------------|---------------|------|-----------|---------------------------------------|-----|---------------|-------------------|
| Co | opy line 4 here | → 4. | \$ | | | \$ | | | | |
| 5. Lis | st all payroll deductions: | | | | | | | | | |
| | a. Tax, Medicare, and Social Security deductions | 5a. | \$ | | | \$ | · · · · · · · · · · · · · · · · · · · | | | |
| | b. Mandatory contributions for retirement plans | 5b. | φ \$ | | | Ψ \$ | | | | |
| | c. Voluntary contributions for retirement plans | 5c. | Ψ | | | Ψ | | | | |
| | | 5d. | φ | | | φ | | | | |
| | d. Required repayments of retirement fund loans | | φ | | | φ | | | | |
| | e. Insurance | 5e. | \$ | | | Ф | | | | |
| 5 | f. Domestic support obligations | 5f. | \$ | | | \$ | | | | |
| | g. Union dues | 5g. | \$ | | | \$ | | | | |
| 5 | h. Other deductions. Specify: | 5h. | + \$ | | + | \$ | | | | |
| 6. A | add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e +5f + 5g + 5h. | 6. | \$ | | | \$ | | | | |
| 7. C | Calculate total monthly take-home pay. Subtract line 6 from line 4. | 7. | \$ | | | \$ | | | | |
| 8. L i | st all other income regularly received: | | | | | | | | | |
| 8 | Net income from rental property and from operating a business, profession, or farm | | | | | | | | | |
| | Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total | | | | | | | | | |
| | monthly net income. | 8a. | \$ | | | \$ | | | | |
| 8 | Bb. Interest and dividends | 8b. | \$ | | | \$ | | | | |
| 8 | c. Family support payments that you, a non-filing spouse, or a dependence regularly receive | ent | | | | | | | | |
| | Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. | 8c. | \$ | | | \$ | | | | |
| 8 | d. Unemployment compensation | 8d. | \$ | | | \$ | | | | |
| 8 | Be. Social Security | 8e. | \$ | 663.00 | | \$ | 741.00 | | | |
| 3 | Sf. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistant that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: | nce 8f. | \$ | | | \$ | | | | |
| 8 | gg. Pension or retirement income | 8g. | \$ | | | \$ | | | | |
| | | | Ψ | | | | | | | |
| 3 | Bh. Other monthly income. Specify: | 8h. | +\$ | | . – | +\$ | | _ | | |
| 9. 🛕 | add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f +8g + 8h. | 9. | \$ | 663.00 | | \$ | 741.00 | | | |
| | alculate monthly income. Add line 7 + line 9. dd the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. | 10. | \$ | 663.00 | + | \$ | 741.00 | = | \$ | 1,404.00 |
| In | tate all other regular contributions to the expenses that you list in Scheculate contributions from an unmarried partner, members of your household, yends or relatives. | | | nts, your roo | omma | tes, and | I other | | | |
| D | o not include any amounts already included in lines 2-10 or amounts that are | not a | vailable | to pay expe | nses | listed in | Schedule J. | | | |
| S | pecify: | | | | | | 11 | . + | \$ | |
| | dd the amount in the last column of line 10 to the amount in line 11. The rite that amount on the Summary of Your Assets and Liabilities and Certain S | | | | - | | e. 12 | | \$ | 1,404.00 |
| | o you expect an increase or decrease within the year after you file this | form | > | | | | | | Comb month | ned hly income |
| | ☐ No. ☐ Yes. Explain: Husband is attempting to return to work as a tr | uck . | driving | | | | | | | |
| ų | - 100. Explain. I 100000110 to determine to retain to work as a ti | GOIL | ~v.ii19 | • | | | | | | |